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President and CEO**

**Testimony of Planned Parenthood of Southern New England  
Governor's Proposed FY 23 Budget Adjustments  
*H.B. No. 5037 An Act Adjusting the State Budget for the Biennium Ending June 30, 2023*  
February 24, 2022**

Senator Osten, Representative Walker and honorable members of the Appropriations Committee, my name is Amanda Skinner, President and CEO of Planned Parenthood of Southern New England (PPSNE) testifying regarding the Department of Public Health budget of *H.B. No. 5037 An Act Adjusting the State Budget for the Biennium Ending June 30, 2023*. As the state's largest provider of family planning and sexual and reproductive health care to 63,000 patients at 14 health centers across the state, Planned Parenthood believes all people should have access to quality, affordable health care — regardless of who you are, where you live, your income or if you have health insurance.

We thank this committee for prioritizing funding for family planning services and we deeply appreciate the Appropriations Committee for including additional funding of \$2.1 million in both FY 22 and FY 23 to PPSNE to restore lost Title X grant support. This critical funding ensures continued access to preventive reproductive health care, including affordable contraception and life-saving cancer screenings, for the people of Connecticut who already struggle to get the care they need and deserve. Despite the loss of federal funding since 2019, we have continued to provide those services at no or low cost to qualified patients. The additional funding allocated in the budget this year and for FY 23 will ensure that patients continue to get the care they need and allows us to maintain our current level of service to patients who are uninsured. Reproductive health providers and health centers like PPSNE are often the primary care providers for women of reproductive age, people of color, young people, those who are uninsured, and people with low incomes. Thank you for prioritizing patients who rely on PPSNE for essential preventive health care.

The family planning funding allocated in the Community Health Services line of the Department of Public Health budget has been essential to help cover the cost of preventive health care for people who are uninsured. Historically PPSNE has had a mix of both federal and state funding to ensure every patient receives the care they need. That changed when the Trump-Pence administration implemented a set of rules, known as the domestic "Gag Rule", on Title X providers that would have prohibited PPSNE from providing high quality, medically accurate care to patients. The state funding helps support the cost of care for our self-pay patients on a sliding fee scale based on their income and family size. Our sliding fee scale ensures those individuals who lack access to private or public insurance can access the preventive health care they need. We do not turn patients away for inability to pay because we know our patients need affordable health care now.

Planned Parenthood plays an indispensable role in providing family planning care in Connecticut. In 2018, Planned Parenthood of Southern New England served 41,096 Title X patients at 11 health centers in Connecticut, accounting for 88% of those served by Title X in the state.

- 86% patients identified as women; 14% identified as men
- 64% were at or below 150% of the federal poverty level
- 54% of patients identify as people of color – 23% are Black or African American and 23% are Latino/a/x

For background, in August 2019, PPSNE—along with Title X participating Planned Parenthood affiliates across the United States—was forced out of the federal Title X Family Planning program<sup>i</sup>, after having served as the Connecticut

grantee since the program's inception nearly 50 years ago. PPSNE received \$2.1 million a year in federal Title X before ceasing participation as of July 15, 2019. In the past, PPSNE provided Title X funding for two delegate agencies—Cornell Scott-Hill Health Center and Fair Haven Community Health Center—operating 5 sites.

### **Federal Landscape**

As of November 8, 2021 the Biden-Harris administration's new Title X rules are effective and the gag rule is no longer in effect, a huge milestone in the path to rebuilding the Title X network and Planned Parenthood reentering the program. We are hopeful that PPSNE will be able to reenter the program and have submitted our application for Title X Family Planning service grant funding earlier this year and will learn if we have been awarded grant funding by April.

However, our opposition is not letting up nationally in its efforts to reinstate the gag rule. There has been a lawsuit led by Ohio and 11 other states (AL, AZ, AR, FL, KS, KY, MO, NE, OK, SC and WV) to challenge the rescission of the Title X gag rule. While the challenge continues, the Biden-Harris administration's Title X rules remain in effect at this time, and the Title X program is not subject to a gag rule.

Health care is a human right and we will fight to ensure every person has access to the high-quality health care services they deserve including the over 41,000 people who were covered by the Title X program in the past and continue to seek care at PPSNE. We are concerned about the continued inequity in access to health care for residents of our state and barriers they face to health care coverage including immigrants who are shut out of public and private health insurance programs due to their immigration status. The Title X program has addressed health care inequity by serving populations that have historically faced significant barriers to care, including people of color, people of low income, LGBTQ+ people, immigrants and people living in rural areas. State funding for family planning has also supported preventive health care for populations facing inequity in access to health care and coverage.

Providing health care is meaningless if people cannot access it. Planned Parenthood will continue to fight for policies that protect the rights of all people to ensure our patients and our communities have what they need to live healthy and self-determined lives. We are committed to continuing to work with the administration and the General Assembly to protect access to essential sexual and reproductive health care. Again, we thank the Appropriations Committee for this important additional investment of \$2.1 million in the DPH budget for family planning services and essential preventive health care for those most in need in our state. This critical increase this year has made an impact for the patients we serve across Connecticut.

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<sup>i</sup> <https://www.plannedparenthood.org/about-us/newsroom/press-releases/trump-administration-gag-rule-forces-planned-parenthood-out-of-title-x-national-program-for-birth-control-2>

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**Background information:****History of Title X program**

Established in 1970, the Title X Family Planning program, administered by the U.S. Department of Health and Human Services, Office of Population Affairs (OPA), is the only federal program dedicated solely to supporting the delivery of family planning and related preventive healthcare. Title X provides affordable birth control and reproductive health care to people with low incomes, including those who couldn't otherwise afford health care services on their own. The basic primary and preventive health care services provided by Title X include wellness exams, lifesaving cervical and breast cancer screenings, birth control, contraception education, testing and treatment for sexually transmitted diseases (STDs) and HIV testing. Title X income eligibility guidelines classify patients whose income is under 250% of Federal Poverty Level (FPL) as eligible for reduced-fee services which allows us to provide services on a sliding fee schedule. Patients whose income is under 100% of FPL are eligible for free services. The Title X program has received bipartisan support from Congress since its inception.

**Domestic “Gag Rule”**

The Trump-Pence Administration implemented a set of rules, known as the domestic “Gag Rule” on Title X providers that would have prohibited PPSNE from providing high quality, medically accurate care to patients. The “Gag Rule” disregards patients’ wishes and medical professionals’ knowledge and undermines the patient-provider relationship. The “Gag Rule” prohibited anyone receiving Title X funds from telling patients how and where to access abortion; essentially, it forces health care providers to lie and mislead patients about their care. This harmful, medically unethical practice eliminates the guarantee that pregnant patients receive factual and nondirective counseling on all their legal health care options. This rule demands health care facilities providing abortions institute unnecessary and exorbitantly cost-prohibitive “physical separation” requirements.

This rule included language specifically designed to block patients from coming to Planned Parenthood. Planned Parenthood health centers serve 41 percent of the 4 million patients who receive care through Title X health centers every year across this country and more than 41,000 patients at PPSNE. However, the rule does not solely impact Planned Parenthood. The rule impacted any health care provider who participates in the Title X program: from community health centers like Fair Have Community Health Center to hospitals. It was also clear that the previous administration was trying to replace well-established clinical practices, ethical guidelines, and the provider-patient relationship with political ideology. Major provider associations including the [American Medical Association](#)<sup>i</sup>, [American Nurses Association](#), [National Association of Community Health Centers](#), American Academy of Pediatrics, [ACOG](#), [the National Medical Association](#), the [National Hispanic Medical Association](#), and more oppose the rule because it destroys the patient-provider relationship, intrudes in a provider’s practice, and undermines quality patient care.

The domestic “gag rule” slashed the Title X national family planning network’s patient capacity in half which has harmed patients who are most in need of preventive health care. Title X was effective, and it has significant results. The public investment in family planning programs and providers not only helps people avoid unintended pregnancy it gives people more control over if and when they have children and allows them to have more control over their lives — including their health, careers, and economic security. Title X has undoubtedly saved lives with early detection of cancer through Pap tests and breast exams, and helps people screen for sexual transmitted disease (STDs) and HIV and avert a host of other health issues. In 2016, Connecticut women who obtained publicly supported

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contraceptives care and supplies from Title X providers were able to postpone or avoid 7,420 unintended pregnancies and 2,510 abortions.

Planned Parenthood health centers are often the only places that provide uninsured people or people with low incomes the reproductive care they need including a full range of FDA approved contraceptive methods, including IUDs and the birth control shot, and more. Community health centers themselves have stated there is no way they could fill the gap. Although proponents of defunding Planned Parenthood argue that other providers—namely health departments and federally qualified health centers (FQHCs)—would easily be able to fill the overwhelming hole torn in the safety net, evidence suggests otherwise.

<https://www.guttmacher.org/article/2020/02/trump-administrations-domestic-gag-rule-has-slashed-title-x-networks-capacity-half>  
<https://data.guttmacher.org/states/table?state=CT&topics=92+93+94+96+97+98+114+113&dataset=data>  
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<http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right/>